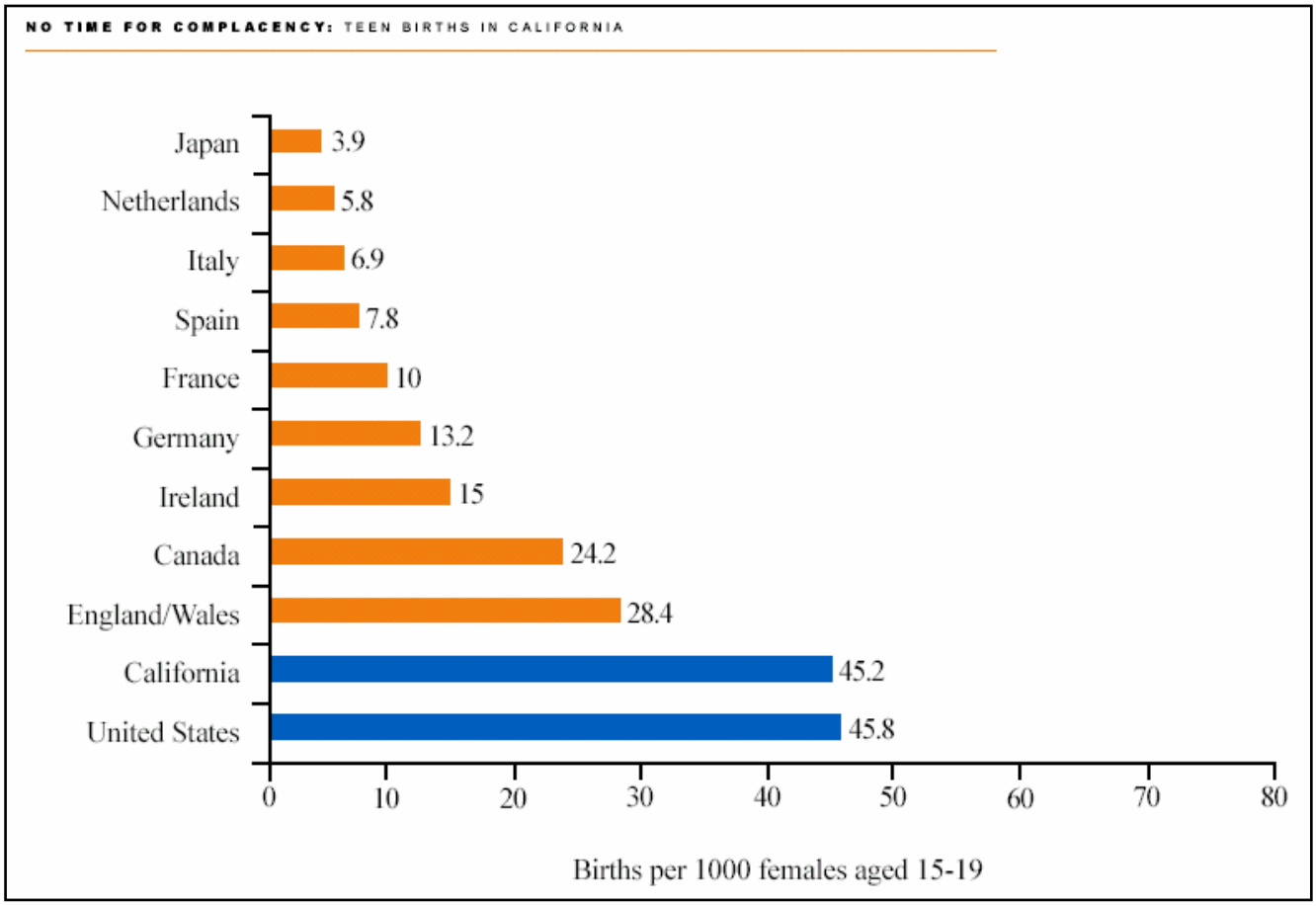
Comprehensive Perinatal Services Program

A Baseline for Healthier Babies

Low birth weight (less than 5.5lbs or 2,500 grams) is the factor most associated with infant mortality. Babies who have low birth weight are 40 times more likely to die in their first year than are healthy babies. Those who survive are more vulnerable to serious health and developmental problems, such as blindness, deafness, mental retardation and learning disabilities. Of the 518,073 infants born in California during 1999, 31,686 (61 percent) were low birth weight.



Source: International data are for 1995/1996, from Sing and Darroch, 2000; California and United States data are for 2001, from Martin et al., 2002.

Key Causes of Low Birth Weight

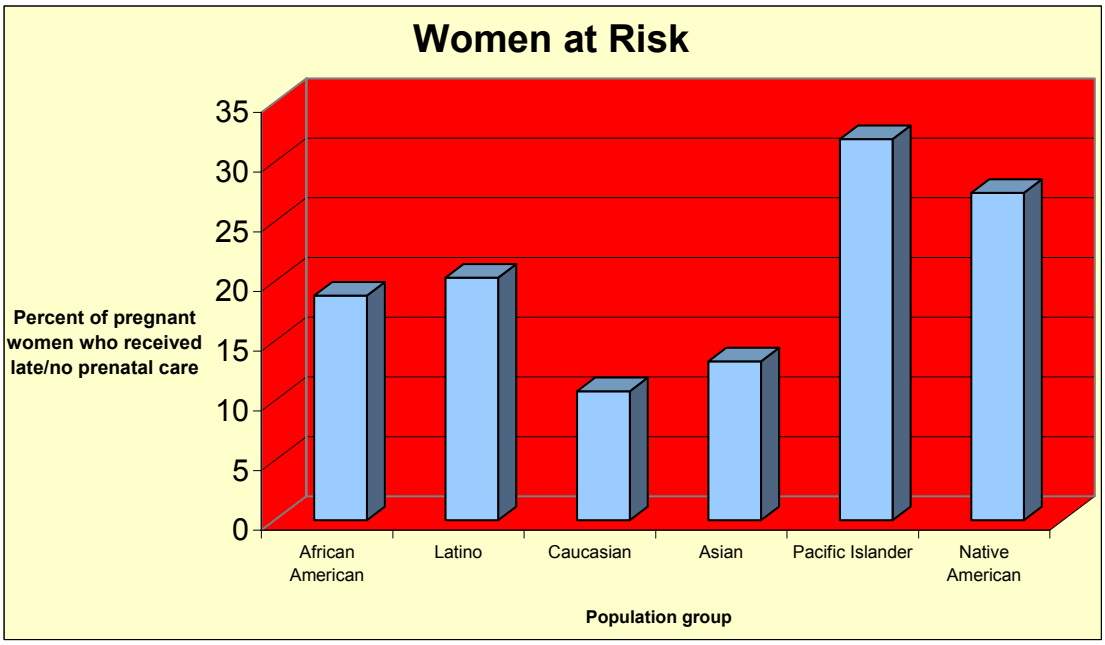
Late (second and third trimester) or no prenatal care and smoking, drinking or drug use during pregnancy are key causes of low birth weight.

Smoking is a leading contributor to infant mortality and low birth weight. Recent studies have indicated a relationship between maternal smoking and the risk of Sudden Infant Death Syndrome (SIDS), typically finding a two-to-three-fold increase in risk among the children of smokers. Researchers estimate that smoking during pregnancy is linked to 20-30 percent of low birth weight births and 10 percent of infant deaths. The incidence of low birth weight babies among mothers who smoke is more than twice that of non-smokers.

More than 11 percent of live births in California involve exposure to drugs or alcohol or both while the mother is pregnant. Studies show that an average of one-to-two drinks daily during pregnancy are linked to low birth weight, growth abnormalities, behavioral problems and spontaneous abortions. Furthermore, alcohol use by pregnant women is the leading preventable cause of mental retardation in newborns in the U.S.

Women at Risk

While infant mortality rates in California have declined overall, rates among specific population groups continue to be of concern. Following is a look at statistics among a number of population groups in California in 1999.



African American

- The infant death rate among African Americans in California was 12.9 per 1,000 live births in 1999, a decrease from 16.7 in 1990. Still, the rate is more than twice that of the total population.
- Almost 19 percent of pregnant African American women received late or no prenatal care. This population also had the highest percentage of low birth weight infants (11.9 percent weighing below 5.5 lbs.).

Latino

- The death rate among California Latinos was 5.2 per 1,000 live births in 1999, a decrease from 7.4 percent in 1990.
- More than 20 percent of pregnant Latino women received late or no prenatal care, while 5.5 percent of their babies were born with low birth weights.

Caucasian

- The infant death rate among white women in California was 4.8 in 1999, a decrease from 7.4 in 1990.
- More than 10 percent of pregnant white women received late or no prenatal care, while 5.6 percent of their babies were born with low birth weight.

Asian

- Thirteen percent of pregnant Asian women in California received late prenatal care, while 6.8 percent of their babies were born with low birth weight.

Pacific Islander

- Almost 32 percent of pregnant Pacific Islanders in California received late or no prenatal care, while 6.1 percent of their babies were born with low birth weight.

Native American

- Twenty-seven percent of pregnant Native Americans received late or no prenatal care, while 6.1 percent were born with low birth weight.

The Financial Toll

While the emotional toll of caring for a low birth weight baby is difficult to estimate, the financial implications are clear. Care in neonatal intensive units can cost $3,000 per day, totaling an average of $14,000 to $45,000 per neonatal discharge. Each year, the state of California spends more than $300 million in Medi-Cal costs for neonatal intensive care.

Challenges and Opportunity

About 6.4 percent of all women who gave birth in California in 1999 received late (second and third trimester) or no prenatal care. Not only is this statistic a cause for concern, it is also evidence of the potential for continuing improvements in birth outcomes through education and other efforts.

Sources: California Department of Health Services, Department of Alcohol and Drug Programs, National Center for Health Statistics, The Future of Children, Low Birthweight; ARHP clinical proceedings. NEED DATES